

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLPE CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | 8 | Non-elected |
| • | Allowed | 1 | Interference |
| • | (Through numeral) Canceled | A | Appeal |
| + | Restricted | 0 | Objected |

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1				51				101			
2				52				102			
3				53				103			
4				54				104			
5				55				105			
6				56				106			
7				57				107			
8				58				108			
9				59				109			
10				60				110			
11				61				111			
12				62				112			
13				63				113			
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17				67				117			
18				68				118			
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36				86				136			
37				87				137			
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39				89				139			
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41				91				141			
42				92				142			
43				93				143			
44				94				144			
45				95				145			
46				96				146			
47				97				147			
48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions
staple additional sheet here

LEFT MARGIN